FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Exampl is changed) over the	e: If typying, type
CAP-PAC (SSF	F OF NCAF)	
		_
ADDRESS (number and s	810 FIRST STREET NE - SUITE	: 530
(Check if address is changed)	washington	
COMMITTEE'S E-MAI	CITY▲ L ADDRESS	STATE▲ ZIP CODE ▲
1		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
1		
2. DATE 0.3		
3. FEC IDENTIFICA	TION NUMBER C C0016	3048
4. IS THIS STATEM		AMENDED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and b	elief it is true, correct and complete
Type or Print Name of	Treasurer Cathy Hoskins	
Signature of Treasurer	Electronically Filed by Cathy Hoskins	Date 0 3 / 2 2 / 2 0 0 6
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the p	person signing this Statement to the penalties of 2 U.S.C. S437g. LD BE REPORTED WITHIN 10 DAYS
Office		u fruthau information contact
Use	Fe	reduction Commission deral Election Commission ill Free 800-424-9530 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This comm	nittee is a principal campa	aign committee. (Complete the ca	indidate information below.)		
	(b) This comminformation		nmittee, and is NOT a principal o	eampaign committee. (Complet	e the candidate	
	Name of Candidate					
	Candidate Party Affiliation	Office Sought:	House	Senate President	State District	
	(c) This comm	nittee supports/opposes or	nly one candidate, and is NOT ar	authorized committee.		
	Name of Candidate					
	(d) This comm	nittee is a	(National, State (or subordinate) commit	tee of the	(Democratic, Republican,etc.) Party.	
	(e) X This comm	nittee is a separate segrega	ated fund			
	(f) This committee.		ore than one Federal candidate,	and is NOT a separate segreg	ated fund or party	
ŝ.	Name of Any Connected	d Organization or Affiliat	ted Committee			
l	National Community	Action Foundation				
		810	First Street, NE			
	Mailing Address	ı Suit	e 530			
			shington , , , , , ,	. , pc ,		
		L Was	<u>, .9 0. </u>			
			CITY	STATE A	ZIP CODE	
	Relationship	connected			state District (Democratic, Republican, etc.) Party. gregated fund or party ZIP CODE A Organization	
	Type of Connected Organ	iization:				
	X Corporation		Corporation w/o Capital Stock	Labor Org	anization	
	Membership Org	yanization	Trade Association	Cooperati	ve	

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V	rite or Type Committee Name			
	CAP-PAC (SSF OF NCA	F)		
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number obooks and records.	optional), and position of the	ne person in
	Full Name			
	Mailing Address			
	Title or Position ▼	CITY A		ZIP CODE A
			Felephone number	
8.	Treasurer: List the name name and address of any	and address (phone number optional) of designated agent (e.g., assistant treasurer)	the treasurer of the comm).	ittee; and the
	Full Name of Treasurer Cathy F	loskins		
	Mailing Address	810 First Street, NE		
		Suite 530		
		Washington	DC	20002
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
			Felephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A		ZIP CODE A
			Felephone number	

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9.	Banks or Other I safety deposit box Name of Bank, De	xes	or	ma	ain	tair	ns			ll b	anl	KS (or c	othe	er (dep	os	itor	ries	in	wł	nich	ı th	e c	om	nmi	tte	e d	ерс	sits	s fu	nds	s, h	old	s a	CCC	our	ıts,	, rer	nts			
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	Mailing Address						L				L							1									L															L	
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